Module 1

Introduction to Communities of Excellence

California Department of Health Services, Tobacco Control Section

Communities of Excellence
in Tobacco Control

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The Communities of Excellence consists of four modules:

Module 1: Introduction to Communities of Excellence

Module 2: Conducting a Communities of Excellence Needs Assessment

Module 3: Priority Populations Speak about Tobacco Control

Module 4: Developing a Tobacco Control Intervention and Evaluation Plan

California Department of Health Services/Tobacco Control Section. 2006. *Communities of Excellence in Tobacco Control, Module 1: Introduction to Communities of Excellence*. Sacramento, CA: CDHS/TCS.

Module 1 Content

Introduction to Communities of Excellence in Tobacco Control

Key Points

- Tobacco use is a public health issue.
- The California Tobacco Control Program focuses on changing social norms surrounding tobacco use.
- Communities of Excellence in Tobacco Control (CX) is a community planning framework for systematically assessing the tobacco control-related needs of a community, and for developing, implementing, and evaluating a tobacco control plan to address those needs.
- CX has been used in California since 2000 and has been adapted for use in many communities across the United States.
- CX promotes social norm change at the community level.

Tobacco Use is a Public Health Issue

The recognition of tobacco use as a health hazard and the resulting tobacco control efforts around the world are some of the most important developments in public health in the last four decades. Despite steady progress, however, tobacco use remains the leading cause of preventable disease and death in the United States (U. S.) and in California. The U.S. Centers for Disease Control and Prevention (CDC) estimates that, in the U.S., tobacco use causes 440,000 deaths each year and $157 billion in annual health-related economic losses (CDC 2002). In California, nearly one in five deaths can be attributed to cigarette smoking. These figures make it clear that much work remains to be done (California Department of Health Services/ Tobacco Control Section 2004).

The 1964 Surgeon General's Report Raised Awareness about Tobacco Use as a Public Health Issue

Tobacco use became firmly rooted as a public health issue with the U. S. Surgeon General's 1964 landmark report on cigarette smoking, which characterized smoking as a leading cause of lung cancer, cancer of the larynx, and chronic bronchitis. That report laid the groundwork for addressing tobacco use as a public health problem when it stated, "Cigarette smoking is a health hazard of sufficient importance in the United States to warrant appropriate remedial action."

Since 1964, there has been a broad societal shift in the acceptability of tobacco use and in the public's knowledge about the accompanying health risks:

- In 1964, per capita annual adult consumption peaked in the U. S. at 217 packs of cigarettes.[1] In 2004, annual adult per capita consumption in the U. S., excluding California, was 90.8 packs

[1] Sources: U. S. Census, Tax Burden on Tobacco, and U. S. Department of Agriculture.

and in California, the adult per capita consumption was 44.2 packs.[2]

- In 1964, the majority of men smoked, and an increasing number of women were becoming smokers. In 2004, the U.S. prevalence rate for men was 23.4 percent and for women the prevalence rate was 18.5 percent.[3] In California in 2004, the prevalence rate was 18.2 percent for men and 11.1 percent for women.[4]
- In 1964, smoking a cigarette was viewed as a rite of passage by almost all adolescents. Today, only about half of all U.S. high school seniors have ever smoked a cigarette and less than one in four is a current smoker. In California, 13.2 percent of high school students smoked in 2004.[5]
- In 1964, smoking was permitted almost everywhere, and even the U.S. Public Health Service had logo ashtrays on its conference tables.[6] Today, secondhand smoke is accepted as a public health hazard and levels of exposure among nonsmokers has dropped dramatically in the last decade. This is especially true in California, the first state to mandate smoke-free workplaces, restaurants, and bars statewide.

For the most part, these changes did not come about through one-on-one counseling sessions with smokers or classroom lessons for children. They came about through population-level interventions designed to change knowledge, attitudes, and behaviors among adults—smokers and nonsmokers alike.

California Addresses Tobacco Use as a Public Health Issue

One way to look at tobacco use is to begin with a classic public health model. It includes a description of the problem—tobacco-caused illness and death; identification of the causative agent—tobacco; and identification of the vector of that agent—the tobacco industry. Under this model, a public health program's goal is to break the chain of disease transmission. The California Tobacco Control Program (CTCP) and other state programs have shown that a denormalization strategy using advocacy and policy change to shift social norms and eliminate the tobacco industry's influence at the local level stands the best chance of breaking that chain of disease transmission (CDHS/TCS 1998).

The CTCP operates on the fundamental idea that tobacco use is a public health issue; that population-level interventions addressing population-level behavioral factors can bring about population-level changes in disease outcomes. In *The Future of Public Health*, the Institute of Medicine (IOM) described public health this way:

- The mission of public health is "the fulfillment of society's interest in assuring the conditions in which people can be healthy."
- The substance of public health is "organized community efforts aimed at the prevention of disease and the promotion of health."
- The organizational framework of public health "encompasses both activities undertaken within the formal structure of government and the associated efforts of private and voluntary organizations and individuals."

Based on the IOM's description above, the tobacco control program in California can be seen as a model for the mission, substance, and organizational framework of public health:

- The social norm change strategy of the CTCP reflects the mission of public health: community-wide and statewide policies and programs that deter initiation, promote cessation, and protect nonsmokers from secondhand smoke help to bring about necessary conditions for people to be healthy.

[2] Sources: California State Board of Equalization and California Department of Finance.
[3] Source: 2004 National Health Interview Survey.
[4] Source: California Adult Tobacco Survey/Behavioral Risk Factor Surveillance System, 2004.
[5] Source: California Student Tobacco Survey, 2004.
[6] Source: http://www.cdc.gov/tobacco/30yrsgen.htm

- The CTCP illustrates the substance of public health: organized community efforts are the foundation of the tobacco control movement in California.
- The CTCP exemplifies the organizational framework of public health: it is a partnership between governmental agencies, private and voluntary organizations, and individuals throughout the state.

Community-level Interventions Play a Vital Role

Community-level interventions are the building blocks of the CTCP. The CTCP works to achieve durable social norm change at the population level; those changes are brought about through shifts in the social environment of local communities. Thus, programs and projects funded through the California Department of Health Services/Tobacco Control Section (CDHS/TCS) emphasize community-level tobacco control outcomes, not individual-level outcomes.

The social norm changes that have occurred in California over the last two decades are the direct result of accomplishments at the local level, in communities large and small, throughout the state. Community-level change will continue to drive significant and sustainable progress toward a healthier future for all of California's diverse communities.

What is Communities of Excellence in Tobacco Control?

Communities of Excellence in Tobacco Control (CX) is a community planning framework that is used to systematically assess the tobacco control-related needs and capacity of a community, set priorities, and then develop a plan of action. The process engages a local agency (and its advisory group or coalition) to collect and discuss available state and local quantitative and qualitative data and then rate how well the community is doing in relation to specific factors related to tobacco control. Based on the assessment and rating, the local agency determines its high priority needs, develops specific objectives to address those needs, and designs activities that will accomplish the objectives. At the heart of CX is the idea that communities can achieve excellence in tobacco control by involving a motivated and diverse group of people to assess where their community is now in terms of tobacco control, determine where it needs to go, and how to get there.

What sets CX apart from other community planning frameworks is its particular approach to the needs assessment portion of the overall tobacco control program planning process. The CX needs assessment is a method of conducting background research in a community through the identification, analysis, and numerical rating of pre-defined factors. This approach differs from other needs assessments in which investigators go out into the community without preconceived ideas about the specific challenges and opportunities they are going to assess. CX focuses the scope of the inquiry by providing a set of pre-defined factors to look for and rate in terms of relevance to the community. These factors are called community indicators and community assets (CX indicators and assets are discussed in detail in Module 2).

How Did CX Come About?

The development of CX began in the late 1990s when it became clear to CDHS/TCS that local health departments, also known as Local Lead Agencies (LLAs), and community-based organizations would benefit from a more systematic approach to assessing the tobacco control needs and capacities in their communities when developing their tobacco control programs.

Prior to the adoption of the CX framework for needs assessments, each agency that was planning tobacco control work in its community would conduct its needs assessment in a different way; often, these needs assessments were "fishing expeditions," in which the agencies would gather many different

kinds of data. The agencies were inconsistent in the types of data they collected. In addition, some agencies made much better use of their tobacco control coalitions than other agencies, and some programs were stronger than others in their implementation of social norm change strategies. Recognizing the need for an improved needs assessment and community planning process, CDHS/TCS and its community partners (LLAs, ethnic networks, voluntary health groups, and others) embarked on a joint endeavor to develop a process that would meet the following goals:

- Broaden the participation of the community in local tobacco control planning;
- Implement a systematic framework for assessing community needs and assets;
- Develop meaningful local tobacco control plans that emphasize community norm change strategies based on assessment findings; and
- Strengthen CDHS/TCS's evaluation of program efforts by examining similar interventions across the state and analyzing the factors that contribute to success.

At the time that CX was being developed, some local tobacco control programs were already using excellent planning processes. In addition, the CDC was in the process of developing indicators for cardiovascular disease prevention. CDHS/TCS adapted ideas gleaned from many sources, including the CDC and several local programs, in order to begin building a planning process that was both systematic and flexible enough for use in communities varying significantly in terms of needs, size, barriers, and capacity.

CX Literature

American Cancer Society-National Home Office, Communities of Excellence in Tobacco Control: A Community Planning Guide, 2000.

California Department of Health Services, Tobacco Control Section, Communities of Excellence in Tobacco Control Community Planning Guide, November 2000.

California Department of Health Services, Tobacco Control Section, Communities of Excellence Needs Assessment Guide, November 2003.

Tobacco Technical Assistance Consortium (TTAC), Communities of Excellence Plus in Tobacco Control Training and Resource Manual, 2004.

In developing CX, CDHS/TCS and its community partners defined a set of factors (community indicators and community assets) that local agencies could use to assess tobacco control-related needs and capacity in the community. At the same time, CDHS/TCS learned that the American Cancer Society-National Home Office (ACS-NHO) was conceptualizing a similar planning model for communities across the country. Because there were many similarities between the California model and the ACS-NHO model, it made sense to merge the two models.

CDHS/TCS and the ACS-NHO worked in parallel, with CDHS/TCS producing a CX guide and providing technical assistance specifically for California communities, and the ACS-NHO producing a guide and providing technical assistance for communities across the U.S.

CDHS/TCS began requiring LLAs and competitive grantees to use CX in 2000 when they conducted their needs assessments in preparation for their 2001-2004 comprehensive tobacco control plans. CX has continued to be the required needs assessment method for all subsequent LLA tobacco control plans.

The ACS-NHO version of CX has been used in more than 40 states to promote strong comprehensive tobacco control program planning and development. Evaluations in California and across the nation

have shown that local programs completing CX needs assessment develop better workplans and more effectively engage local participants in their tobacco control work (Roeseler et al. 2003; Holden and Hinnant 2002).

CX Promotes Social Norm Change at the Community Level

The CX tobacco control planning framework is founded upon CDHS/TCS's overarching community norm change strategy. Under that strategy, California's comprehensive tobacco control program works to change or "denormalize" the social perception and acceptability of tobacco use in the community in order to accomplish a significant reduction in tobacco use.

This strategy delegitimizes the perception of tobacco use as normal or even glamorous, and replaces it with the perception of tobacco use as a dangerous and addictive behavior that inflicts an unacceptable cost on society. "The best way to reduce tobacco use and its toll is to focus on changing community norms (attitudes, values, and mores) rather than trying to change individuals one person at a time… Unlike individual education approaches, community norm change creates lasting population changes" (TTAC 2004).

Through education, policy advocacy, and community mobilization, California's tobacco control program seeks to decrease the public's acceptance of pro-tobacco factors and influences. Making tobacco less acceptable requires social changes such as the following:

- Decreasing people's tolerance of secondhand smoke exposure
- Decreasing the availability of tobacco products through commercial and social sources
- Curtailing the saturation of the community environment with tobacco use-promoting cues such as advertising and tobacco industry sponsorship of cultural, ethnic, sports, and community events
- Discouraging the tobacco industry's support for political candidates and officeholders
- Stopping the glamorization of tobacco by the entertainment industry

Specific goals for promoting social norm change include the following:

- Making the public—nonsmokers and smokers alike—aware of the health, social, and economic consequences of tobacco use, secondhand smoke, and tobacco product marketing tactics
- Preventing the initiation of tobacco use among youth and young adults
- Encouraging tobacco users to quit, and providing services and information to help them quit
- Promoting a social, cultural, and political environment that supports the maintenance of a tobacco-free society

The goals of the social norm change strategy are built into the CX needs assessment. During this process, local agencies, along with their coalitions, advisory boards, or community planning groups, identify, rate, and prioritize community indicators—factors and influences in the community that affect, both positively and negatively, the community's acceptance of tobacco use. Once these indicators are identified and rated, local programs can more easily determine their highest priority tobacco control needs. Additionally, local agencies identify and rate community assets—factors that promote and sustain tobacco control in the community. Knowledge of a community's assets is essential to the development of feasible goals and objectives aimed at changing the social acceptability of tobacco in the community.

To learn more about CX indicators and assets, please refer to Module 2.

References

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Glossary

American Cancer Society-National Home Office (ACS-NHO): The American Cancer Society is a nationwide community-based voluntary health organization dedicated to eliminating cancer as a major health problem. The National Home Office, which is the society's headquarters, is located in Atlanta, Georgia. For more information, visit www.cancer.org

California Department of Health Services/ Tobacco Control Section (CDHS/TCS): The organizational entity within the CDHS devoted to the promotion of a tobacco-free California. For more information, visit www.dhs.ca.gov/tobacco/

California Tobacco Control Program: The comprehensive tobacco control program created and funded after California's voters passed Proposition 99 in 1988. The California Tobacco Control Program consists of the California Department of Health Services/Tobacco Control Section, the California Department of Education's Tobacco Use Prevention Education Program, and the University of California's Tobacco-Related Disease Research Program. Together, they support partnerships and programs throughout California that are engaged in tobacco control education, advocacy, research, cessation support, and much more.

Communities of Excellence in Tobacco Control (CX): A community planning framework used to systematically assess the tobacco control-related needs and capacity of a community, set priorities, and develop a plan of action.

CX Community Assets: Factors that promote and sustain tobacco control efforts in the community by facilitating tobacco control work such as the level of funding available for tobacco control work, the level of community activism among adults and youth, and awareness and sensitivity to cultural diversity.

CX Community Indicators: Environmental or community-level measures that are based on observations of aspects of the community other than those associated with individuals.

Local Lead Agencies: The 58 county health departments and 3 city health departments in California that are mandated to coordinate and administer a comprehensive tobacco control program within their respective health jurisdiction.

Priority populations: Demographic groups defined by race/ethnicity, language, sexual orientation, socioeconomic status, or field of employment (e.g., military, labor).

Social norm change: The strategy that works to change factors, attitudes, and perceptions in the social environment as a whole rather than one individual at a time. Social norm change is brought about through the institutionalization of factors that support a tobacco-free society: laws and policies that protect nonsmokers wherever they work, live, and play, youth access prevention laws, strong enforcement, voluntary policies rejecting tobacco industry support, the support of cessation efforts, and many other strategies.

Tobacco control advisory board/coalition/planning group: A committee whose members are drawn from the community that is engaged in facilitating the work of the tobacco control program. This committee plays a vital role in analyzing and prioritizing the findings from a CX needs assessment.

Tobacco control needs assessment: A review of a community's strengths and weaknesses in terms of tobacco control. The analysis, rating, and prioritization of the community's tobacco control needs leads to the formulation of the tobacco control plan's objectives.

Tobacco control plan: A tobacco control plan consists of six major components: objectives, activities, timelines, the identification of responsible parties, the identification of tracking measures, and evaluation. The plan is the roadmap for tobacco control efforts in a community.

Tobacco control plan activities: Step-by-step actions that will bring about a tobacco control plan's objectives.

Tobacco control plan evaluation: Demonstration of the extent of success toward completion of the tobacco control plan's objectives.

Tobacco control plan objective: A description of a measurable outcome that will result from specific activities. A well-written objective identifies the starting point, the ending point, the amount of time it will take to achieve the objective, and the method by which achievement of the objective will be demonstrated. Please refer to pages 4-6 of the Local Program Evaluation Planning Guide (2004) for more detail on the format and content of well-written objectives.